

DISASTER FOOD STAMP ASSISTANCE APPLICATION

(Pursant to 7 CFR 280)

We will consider all applicants without regard to color, race, sex, handicap, religion, national origin, or political belief.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

(FOR OFFICE USE ONLY) DISASTER AUTHORIZATION PERIOD					
BEGIN		END			
NUMBER		APPLICATION DATE			
INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but refuses on purpose to give any requested information, it will not be eligible to receive food stamps. When you are interviewed, you must show a photo identification. You must show proof that your household lived in the disaster area at the time of the disaster. You may have to verify any questionable expenses. You can authorize someone outside your household to apply for emergency aid and to use your food stamps. DO NOT WRITE IN SHADED AREAS.					
HEAD OF HOUSEHOLD		VERIFIED	AUTHORIZED REPRESENTATIVE		
PERMANENT HOME ADDRESS AND TELEPHONE NUMBER		VERIFIED	TEMPORARY ADDRESS AND TELEPHONE NUMBER		
PART A - HOUSEHOLD SITUATION (please check box)				YES	NO
1. Was your household living in the disaster area at the time of the disaster? If yes, please answer the following questions.					
Did the disaster damage or destroy your home or self-employment property?					
Does your household have any additional expenses as a result of the disaster?					
While the effects of the disaster are being cleaned up, will your household be buying food?					
Did the disaster delay, reduce or stop, your household's income?					
Does your household have any cash or money in checking or savings accounts which you cannot get because the bank is closed					
2. Are you a current food stamp participant? If so, STATE: _____ COUNTY: _____					
If yes, was your food, your food stamps or your EBT card destroyed in the disaster?					
List the members of your household, including yourself, who were affected by the disaster who are living and eating with you. IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD. List each household member's social security number (SSN), date of birth, and source and amount of take-home pay. List any other income your household members have received or expect to receive while the Disaster Food Stamp Program is operating.					
PART B - HOUSEHOLD MEMBERS (Attach paper for more space)			PART C - INCOME		
NAME	SOCIAL SECURITY NUMBER	BIRTH DATE	SOURCE/TYPE	AMOUNT	

In Part D, list all cash your household will be able to get to during this disaster. In Part E, list the disaster-caused expenses that your household paid or expects to pay during this disaster. **DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD.**

PART D - RESOURCES	AMOUNT	PART F - ELIGIBILITY COMPUTATION	
Cash on hand and other liquid resources		1. Total anticipated income	\$ _____
		2. Total accessible cash	\$ _____
		3. Add #1 and #2	\$ _____
		4. Total disaster expenses	\$ _____
		5. Total available funds (Subtract #4 from #3)	\$ _____
		6. Maximum Income Limit (See Wisconsin Food Stamp Disaster Program)	\$ _____
		7. ELIGIBLE (#5 is equal to or less than #6)	_____
		8. INELIGIBLE (#5 is greater than #6)	_____
Checking accounts			
Savings accounts			
PART E - EXPENSES	AMOUNT		
Food destroyed in disaster			
Dependent care due to disaster			
Funeral/medical expenses due to disaster			
Moving and storage costs due to disaster			
Temporary shelter expenses			
Cost to protect property during disaster			
Cost to repair or replace items for home or self-employment property			
Other disaster-related expenses			
PART G - PENALTY WARNING			
<p>If your household gets food stamps, it must follow the rules listed below. We may choose your household for a federal or state review sometime after you receive your food stamps to make sure you were eligible for disaster aid. People who get benefits they are not entitled to will be required to pay them back.</p> <p>DO NOT give false information or hide information to get or to continue to get food stamps.</p> <p>DO NOT give or sell food stamps or authorization documents to anyone not authorized to use them.</p> <p>DO NOT alter any food stamps or authorization document to get food stamps you are not entitled to.</p> <p>DO NOT use food stamps to buy unauthorized items such as alcohol or tobacco.</p> <p>DO NOT use another household's food stamps or authorization document for your household.</p> <p>Anyone who knowingly or willfully has made false statements or conceals information in order to obtain food stamp benefits, or who misuses food stamps or food stamp cards, may be disqualified from the program and may be subject to prosecution for intentional program violation (IPV). People who break food stamp rules may be fined up to \$250,000, or put in jail for up to 20 years in accordance with Sections 813, 814 and 815 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. In addition to these penalties, the court may suspend persons who misuse food stamps or food stamp cards from the Food Stamp Program for one year for the first offense, two years for the second offense, and permanently for the third offense.</p>			
PART H - CERTIFICATION AND SIGNATURE			
<p>I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing. "USDA prohibits discrimination in the administration of its programs. To file a complaint, call 1-800-245-6340."</p>			
APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS'S (if signed with an X) SIGNATURE			DATE SIGNED